

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

00-19

2. STATE:

Texas

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

November 1, 2000

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 435.212

7. FEDERAL BUDGET IMPACT: See Attachment

a. FFY 2000 \$ -0-

b. FFY 2001 \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

See Attachment

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

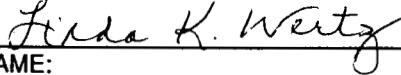
See Attachment

10. SUBJECT OF AMENDMENT: Amendment No. 584 - The amendments updates the guarantee of eligibility
and restrictions on disenrollment rights; thus, providing for current operations of the Texas
Medicaid managed care program.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED:Sent to Governor's Office this date. Comments,
if any, will be forwarded when received.

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

Linda K. Wertz

14. TITLE:

State Medicaid Director

15. DATE SUBMITTED:

November 20, 2000

16. RETURN TO:

Linda K. Wertz
State Medicaid Director
Health and Human Services Commission
Post Office Box 13247
Austin, Texas 78711**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

11-28-00

18. DATE APPROVED:

December 1, 2000

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

November 1, 2000

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

Calvin G. Cline

22. TITLE:

Associate Regional Administrator
Division of Medicaid and State Operations

23. REMARKS:

Attachment to HCFA-179 for
Transmittal No. 00-19, Amendment No. 584

Number of the
Plan Section or Attachment

Attachment 2.2-A
Page 10
Page 10a

Number of the Superseded
Plan Section or Attachment

Attachment 2.2-A
Page 10 (TN93-04)
Page 10a (TN93-04)

State/Territory: Texas

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.212
& 1902(e) (2)
of the Act,
P.L. 99-272
(section 9517)
P.L. 101-508
(section 4732)

3. The State deems as eligible those individuals who became otherwise ineligible for Medicaid while enrolled in an HMO qualified under Title XIII of the Public Health Service Act or while enrolled in an entity described in section 1903(m) (2) (B) (111), (E) or (G) of the Act, or a Competitive Medical Plan (CMP) with a Medicare contract under section 1876 of the Act, but who have been enrolled in the HMO or entity for less than the minimum enrollment period listed below. The HMO or entity must have a risk contract as specified in 42 CFR 434.20(a). Coverage under this section is limited to HMO services and family planning services described in section 1905(a) (4) (C).

~~XXXX~~ The State elects not to guarantee eligibility.

— The State elects to guarantee eligibility. The minimum enrollment period is _____ months (not to exceed ~~xxxxx~~(12 months)).

The State measures the minimum enrollment period from:

— The date beginning the period of enrollment in the HMO or other entity, without any intervening disenrollment, regardless of Medicaid eligibility.

— The date beginning the period of enrollment in the HMO as a Medicaid patient (including periods when payment is made under this section), without any intervening disenrollment.

— The date beginning the last period of enrollment in the HMO as a Medicaid patient (not including periods when payment is made under this section), without any intervening disenrollment of periods of enrollment as a privately paying patient. (A new minimum enrollment period begins each time the individual becomes Medicaid eligible other than under this section.)

STATE <u>Texas</u>	A
DATE REC'D <u>11-28-00</u>	
DATE APP'D <u>12-01-00</u>	
DATE EFF <u>11-01-00</u>	
HCFA 179 <u>00-19</u>	

*Agency that determines eligibility for coverage.

TN No. 00-19
Supersedes 93-14 Approval Date 12-01-00 Effective Date 11-01-00
TN No. _____

State/Territory: Texas

Agency* Citation(s) Groups Covered

1903(m) (2) (F)
of the Act,
P.L. 98-369
(section 2364),
P.L. 99-272
(section 9517),
101-508
4732)

B. Optional Groups Other Than the Medically Needy
(Continued)

The Medicaid Agency may elect to restrict the disenrollment rights of Medicaid enrollees of certain Federally qualified HMOs, Competitive Medical Plans P.L. (CMPs) with Medicare contracts under section 1876 of (section the Act, and other organizations described in 42 CFR 434.27(d), in accordance with the regulations at 42 CFR 434.27. This requirement applies unless a recipient can demonstrate good cause for disenrolling or if he/she moves out of the entity's service area or becomes ineligible.

___ Disenrollment rights are restricted for a period of ___ months (not to exceed ~~XXXXXXX~~ 12 months).

three months
During the first/~~XXXXX~~ of ~~XXXXX~~ enrollment ~~XXXXX~~ the recipient may disenroll without cause. The State will provide notification, at least/~~XXXXX~~ per year, to recipients enrolled with such organization of their right to and restrictions of terminating such enrollment.

~~XXXX~~ No restrictions upon disenrollment rights.

1903(m) (2) (H),
1902(a) (52) of
the Act

In the case of individuals who have become ineligible for Medicaid for the brief period described in section 1903(m) (2) (H) and who were enrolled with an P.L. 101-508 entity having a contract under section 1903(m) when (section 4732) they became ineligible, the Medicaid agency may elect to reenroll those individuals in the same entity if that entity still has a contract.

___ The agency elects to reenroll the above individuals who are ineligible in a month but in the succeeding two months become eligible, into the same entity in which they were enrolled at the time eligibility was lost.

___ The agency elects not to reenroll above individuals into the same entity in which they were previously enrolled.

STATE <u>Texas</u>	A
DATE REC'D <u>11-28-00</u>	
DATE APP'D <u>12-01-00</u>	
DATE EFF <u>11-01-00</u>	
HCFA 135 <u>00-19</u>	

No. 00-19 Approval Date 12-01-00 Effective Date 11-01-00 TN
Supersedes 93-04
TN No. 93-04